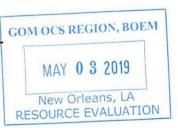


Attachment 1

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF OCEAN ENERGY MANAGEMENT

Atlantic OCS Region

(Insert Appropriate Regional Office)



APPLICATION FOR PERMIT TO CONDUCT GEOLOGICAL OR GEOPHYSICAL EXPLORATION FOR MINERAL RESOURCES OR SCIENTIFIC RESEARCH ON THE OUTER CONTINENTAL SHELF

(Section 11, Outer Continental Shelf Lands Act of August 7, 1953, as amended on September 18, 1978, by Public Law 95-372, 92 Statute 629, 43 U.S.C. 1340; and 30 CFR Parts 551 and 251)

| CGG SERVICES (US) | | | | | | |
|---|--|--|--|--|--|--|
| Name of Applicant | | | | | | |
| 10300 Town Park Drive | | | | | | |
| Number and Street | | | | | | |
| Houston, TX, 77072 | | | | | | |
| City, State, and Zip Code | | | | | | |
| Application is made for the following activity: (check one) | | | | | | |
| Geological exploration for mineral resources | | | | | | |
| Geological scientific research | | | | | | |
| Geophysical exploration for mineral resources | | | | | | |
| Geophysical scientific research | | | | | | |
| Submit: Original plus three copies, totaling four copies, which include one copy of the original, one digital copy, and one public copy (all with original signatures). | | | | | | |
| To be completed by BOEM | | | | | | |
| Permit Number: <u>E19-005</u> Date: <u>24 May-2019</u> | | | | | | |

A. General Information

| 1. | The activity will be conducted by: | | | | | |
|---|---|-----------------------------------|--|--|--|--|
| | CGG CANADA SERVICES LTD | For CGG SERVICES (US) | | | | |
| | Service Company Name | Purchaser(s) of the Data | | | | |
| | 2500 Meadowvale Blvd. | 10300 Town Park Drive | | | | |
| | Address | Address | | | | |
| | Mississauga, ON L5N 5S2 Canada | Houston, TX, 77072 | | | | |
| | City, State, Zip | City, State, Zip | | | | |
| | 905-812-0212 | 832-351-4803 | | | | |
| Telephone/FAX Numbers Telephone/FAX | | Telcphone/FAX Numbers | | | | |
| | david.miles@cgg.com E-Mail Address | jeff.rowe@cgg.com E-Mail Address | | | | |
| | E-Mail Address | E-Mail Address | | | | |
| 2 The purpose of the activity is: Mineral exploration | | | | | | |
| | | Scientific research | | | | |
| on marine life. Describe what steps are planned to minimize these adverse effects (mitigation measures). For example: 1) Potential Effect: Excessive sound level Mitigation; Soft Start, Prote Species Observers (PSO's), mammal exclusion zone or 2) Potential Effect: Bottom disturbance Mitigation: ROV deployment/retrieval of bottom nodes) (use continuation sheets as necessary oprovide a separate attachment. Label as BOEM-0327 Section A General Information.): Falcon airborne gravity gradient, gravity and magnetic data acquisition. | | | | | | |
| | This Potential Field data collection is passive with no impact on the marine environment. | | | | | |
| 4. | 4. The expected commencement date is: June 2019 | | | | | |
| | The expected completion date is: June 2020 | | | | | |
| 5. | The name of the individual(s) in charge of the field operation is: David Miles | | | | | |
| | May be contacted at: 2505 Meadowvale Boul., Mississauga, ON L5N 5S2 Canada | | | | | |
| | Telephone (Local) 905-812-0212 | (Marine) n/a | | | | |
| | Email Address: david.miles@cgg.co | om . | | | | |

| 6. | The vessel(s) to b | e used in the operatio | n is (are): | | |
|----|-----------------------------------|---|---|----------------------------|---|
| | ssel Name (s) BT-67 aircraft | Vessel Model | Registry Number(s) C-GGSU | Radio Call Sign(s) GGSU | Registered Owner(s) CGG Canada Services |
| 8. | Briefly describe th | | operate is: (vessel navigation only): \ltimeter, Laser | Scanner | |
| _ | | | | - | |
| | mplete for Geo eological Scien | - | on for Mineral Res | ources or | |
| I. | The type of opera | tion(s) to be employe | d is: (check one) | | |
| | a. [| Deep stratigraphic tes | t, or | | |
| | ь. 🗌 s | Shallow strationaphic | test with proposed total | tenth of | or |
| | | | | | , or |
| | cXC | other N/A - Airk | orne Survey | | |
| 2 | • - | · - · | e generalized proposed | | |
| | coastline, point of | reference, OCS boun | st sites may be used; 2) I dary/3-mile limit; 3) Dis nd 4) Label as " Public I | tance and direction i | eas, from a |
| | N/A | | | | |
| | - | physical Explora | ation for Mineral Re | sources or | |
| 1. | The proposed ope | ration: Airborne | Geophysical Surv | ey | |
| •• | a. Acquisition met | thod (OBN, OBC, Str | eamer): <u>Airborne</u> | | |
| | CSEM, etc.) | . • | n Seismic, 2D Seismic, 3 | | magnetic, |
| | Gravity gradion | netry, gravity, mag | netic data collect from | m an aircraft | |
| 2 | Attach a page-siz | | of the activity with a rep | resentative polygon; | |
| | • | · | point of reference, OCS | • | mit; |
| | | | of reference to area of a | ctivity; | |
| | | lic Information"; and t shape files needed t | d o recreate the map as par | rt of the required | |

| List all energy source types to be used in the operation(s): (Air gun, air gun array(s), sub-bottom profiler, sparker, towed dipole, side scan sonar, etc.). | | | | | | |
|---|--|--|--|--|--|--|
| No egergy sources will be used. All data collection is passive. 4. Explosive charges will will not be used. If applicable, indicate the type of Explosive and maximum charge size (in pounds) to be used: N/A | | | | | | |
| Type N/A Pounds N/A Equivalent Pounds of TNT N/A | | | | | | |
| D. Proprietary Information Attachments | | | | | | |
| Use the appropriate form on page 9 for a "geological" permit application or the form on page 11 for a "geophysical" permit application. You must submit a separate Form BOEM-0327 to apply for each geological or geophysical permit. | | | | | | |
| E. Certification | | | | | | |
| I hereby certify that foregoing and attached information are true and correct. | | | | | | |
| Print Name: Jeffrey D. Rowe | | | | | | |
| SIGNED Jeffreyal. Porc DATE 1 May 2019 | | | | | | |
| SIGNED DATE 1 May 2019 TITLE Vice President - Multi-Client GravMag | | | | | | |
| COMPANY NAME: CGG Services (US) - Multi-Physics Group | | | | | | |
| | | | | | | |
| TO DE COMPLETED DY DOEM | | | | | | |
| TO BE COMPLETED BY BOEM | | | | | | |
| Permit No. E19-005 Assigned by Teace C. Comptell Date 29 may 20. | | | | | | |
| This application is hereby: | | | | | | |
| a. Accepted | | | | | | |
| b Returned for reasons in the attached | | | | | | |
| SIGNED Mathew 6, Wilcon TITLE Regional Supervisor DATE 6-10-2019 | | | | | | |

